



ISSUES OF MEDICAL ETHICS AND DEONTOLOGY IN THE PRACTICE OF A SURGEON AT THE PRESENT STAGE

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ABSTRACT

The presented work highlights issues of medical ethics and deontology in surgical practice. Currently, in the process of integration and differentiation of medicine, the profiling of individual surgical areas, the formation of new areas, specialties, and the transformation of the structure of surgical diseases, new, sometimes complex deontological problems arise. Particularly difficult in legal and deontological terms are issues related to modern innovative methods of diagnosis and treatment, which are being intensively introduced into widespread surgical practice. Specialization and integration of medical care, equipping large complexes with modern technology, highly qualified and trained medical personnel ensure greater efficiency in patient treatment outcomes. However, despite the positive aspects of medical progress, in some cases, the high technicality of medical examination sometimes reduces the psychological contact of the doctor with patients, which is extremely necessary in medical practice. In the context of scientific and technological progress, the attitude towards the principles of ethics and deontology is being rebuilt and revised, which determines the importance of introducing new aspects of deontological principles into the training of a surgeon, expanding the surgeon's worldview in this direction.

The origins of deontology go back to ancient times. For the first time, the moral and ethical standards of the medical profession were formulated by the physician Hippocrates around 460-370 BC. in the famous "Oath" [2]. The history of medical deontology traces a long and complex path of development with bright, sometimes dramatic events and facts. Currently, in medicine, "deontology" is understood as the doctrine of duty, the science of the moral, aesthetic and intellectual appearance of a person. Deontology determines the



relationship between doctors and patients, their relatives, as well as between colleagues in the medical team and medical organizations [3, 4].

The creators of medical deontology were and are now outstanding surgeons in Russia and the world: N.I. Pirogov, N.V. Sklifosovsky, S.I. Spasokukotsky, A.V. Vishnevsky, A.A. Vishnevsky, S.S. Yudin, N.N. Burdenko, T. Billroth, T. Mondor, K. De Beki, K. Bernard and others [7]. Unfortunately, there are very few publications devoted to deontology. And they are necessary, especially now, in times of grandiose reforms in all spheres of life, including medicine.

In the process of integration and differentiation of medicine, the profiling of individual surgical areas, the formation of new areas, specialties, and the transformation of the structure of surgical diseases, new, sometimes complex deontological problems arise. The peculiarity of the work of surgeons is that they are constantly faced with the need to solve complex problems, behind which stand, first of all, human life and health [10]. This is not only diagnostics, but also obtaining the consent of patients or their relatives to examine the patient, correctly collecting anamnesis and conducting a clinical examination with planning tactics for surgical treatment.

In the age of technological progress, from year to year, medicine is replenished with new research methods. Particularly complex in legal and deontological terms are issues related to modern innovative methods of diagnosis and therapy, which are being intensively introduced into widespread surgical practice. Specialization and integration of medical care, equipping large complexes with modern technology, high qualifications and proper education of medical personnel ensure greater efficiency in patient treatment outcomes. However, despite the positive aspects of medical progress, in some cases, the high technicality of medical examination sometimes reduces the psychological contact of the doctor with patients, which is extremely necessary in medical practice. In other words, a situation may arise when the doctor does not see the patient's personality behind the laboratory and instrumental data. The surgeon must control his behavior and his actions according to the principle of "feedback psychology" and quickly evaluate and correctly correct them based on the reactions of the patients. At the same time, despite the rapid development of diagnostic and therapeutic technology, the art of healing remains fundamental in practical medicine. It includes developed clinical thinking, intuition, sensitivity and goodwill, mercy and wisdom of the doctor [11].

It is not difficult to understand why anesthesiological and surgical work, for its full implementation, more than any other area of medicine, needs to comply with the mandatory rules of a specially thought out and felt deontology. Indeed, it is in the field of surgery and anesthesiology-reanimatology that almost every active action of a doctor, and often of nursing staff, is fraught with considerable dangers for patients, ranging from physical pain and the threat of infection to severe mental trauma and complications, and even the death of patients. We believe that every doctor is obliged to make every effort to become more useful to people and society than a more or less skilled healer, namely to become a full-fledged active and thinking doctor of the whole person, that is, the whole complex of physical and mental personality that makes up the whole person.



The main task of any medical deontology is to constantly remind us that medicine should serve the benefit of sick people, and not sick people should serve the benefit of medicine. At first glance, such reminders may seem unnecessary, to such an extent this is self-evident. However, experience shows that such reminders are important not only in medicine, but in all branches of human activity, where any specialists - lawyers, scientists, administrators and others - too easily overestimate the role of their specialty, forgetting those whom it should serve.

From the standpoint of ethical and deontological aspects, an equally important and alarming problem is the rejuvenation of a number of diseases that greatly aggravate surgical treatment and the subsequent postoperative period [10]. In addition, the increasing tendency on the part of patients to seek, sometimes diverse, medical care in private clinics excludes continuity of patient monitoring, which can inevitably lead to medical errors. A surgeon is a special profession, the essence of which is not only in diagnosing and treating patients, but also, above all, in monitoring the dynamics of the symptoms of surgical pathology and the difficulties that arise in interpreting sometimes contradictory data from examinations performed by various medical organizations.

In the modern situation, one should strictly adhere to the historically established and practice-tested basic deontological principles [5, 6] inherent to a surgeon:

- high professional preparedness, namely: knowledge of all emergency conditions that can occur at all stages of examination and treatment of patients of any age and severity of the disease, principles and techniques for recognizing them; the ability to quickly and skillfully carry out emergency treatment measures and choose the optimal tactics; observe the laws of deontology in every surgical action;
- the ability to remain calm, collected and constantly ready to solve new problems in the diagnosis and treatment of emergency pathological conditions in patients and victims in an unusual situation at any time of the day, in the presence of high nervous and mental stress; find a decent way out in the most difficult situations;
- possessing logical thinking and reasoning, the ability to convince the patient and relatives of the correctness of their conclusions [9];
- exceptional discipline, modesty, accuracy, high decency and cleanliness of actions and thoughts, special consideration in relations with patients and their relatives;
- creation and constant maintenance of high authority of colleagues and nursing staff among patients and their relatives [8];
- the ability to understand the patient, instill in him faith in recovery, dispel his doubts and fears, support him under any circumstances, no matter how unfavorable they may be for the patient;
- the ability to communicate not only with the patient, but also with his relatives, which is important for the psychological state before surgery. When communicating with a doctor, the patient and his relatives expect to meet with a conscientious worker and a good professional, which should inspire complete confidence in the surgeon [1].

Thus, the rapidly developing pace of modern life places new demands on medicine and doctors today. Under these conditions, the intensive development of medical science and technology not only gives rise to new successes and hopes, but also forces the restructuring of



the system of surgical care to the population. This determines the need for a serious revision of a number of certain norms, not only of medical tactics, but also of ethical and deontological foundations. Fully possessing such qualities as modesty, decency, respect, mutual assistance and support allows the surgeon to fully comply with the requirements of medical deontology and medical ethics, and this in turn provides great assistance in his daily and difficult practical work and helps maintain the health of adults and children.

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